

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE ASPEN INSTITUTE, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE DUPONT CIRCLE, NW 700 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036-1133 F Name and address of principal officer: WALTER ISAACSON SAME AS C ABOVE	D Employer identification number 84-0399006 E Telephone number (202) 736-1074 G Gross receipts \$ 322,809,953. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ASPENINSTITUTE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1949 M State of legal domicile: CO

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: VALUES-BASED LEADERSHIP IN NEUTRAL AND BALANCED VENUE FOR DISCUSSING CRITICAL ISSUES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	65
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	64
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	472
	6	Total number of volunteers (estimate if necessary)	6	292
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	9,941,123.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-2,295,871.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	68,633,372.	111,928,714.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,384,520.	30,455,451.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-632,796.	239,875.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	96,464,217.	142,854,526.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,053,050.	8,484,499.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	35,680,382.	41,445,856.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,823,236.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	49,629,398.	51,448,762.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	91,362,830.	101,379,117.
	19 Revenue less expenses. Subtract line 18 from line 12	5,101,387.	41,475,409.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	232,206,093.	278,242,256.
	22	Net assets or fund balances. Subtract line 21 from line 20	16,794,826.	19,264,679.
			215,411,267.	258,977,577.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Date	
	NAMITA KHASAT, EVP FIN. & ADMIN. / CFO/TREASURER Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name FRANK H. SMITH	Preparer's signature <i>Frank H. Smith</i>
	Firm's name ▶ RAFFA, P.C. Firm's address ▶ 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036	Date 10/03/16 Check if self-employed <input type="checkbox"/> PTIN P00639053 Firm's EIN ▶ 52-1511275 Phone no. (202) 822-5000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE INSTITUTE'S MISSION IS TO FOSTER LEADERSHIP BASED ON ENDURING VALUES AND TO PROVIDE A NONPARTISAN VENUE FOR DEALING WITH CRITICAL ISSUES THROUGH: (SEE SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 43,593,545. including grants of \$ 8,241,495.) (Revenue \$ 5,746,942.) POLICY PROGRAM: THE INSTITUTE'S PROGRAMS ADVANCE PUBLIC AND PRIVATE-SECTOR KNOWLEDGE ON SIGNIFICANT POLICY ISSUES CONFRONTING CONTEMPORARY SOCIETY. THEY CONVENE LEADERS AND EXPERTS TO SEEK CONSTRUCTIVE SOLUTIONS TO CRITICAL PROBLEMS. WHILE EACH PROGRAM IS UNIQUE IN SUBSTANCE AND APPROACH THEY ALL SHARE A COMMITMENT TO ADVANCING BETTER POLICY BY BRINGING DIVERSE PERSPECTIVES TOGETHER IN PURSUIT OF INFORMED DIALOGUE AND EFFECTIVE SOLUTIONS.

4b (Code:) (Expenses \$ 15,963,005. including grants of \$ 0.) (Revenue \$ 10,184,467.) CAMPUS ACTIVITIES: THE INSTITUTE CARRIES OUT MUCH OF ITS WORK ON ITS TWO CAMPUSES. IN ASPEN, COLORADO AND ON THE WYE RIVER, ON MARYLAND'S EASTERN SHORE WHERE NATURAL BEAUTY AND QUIET SURROUNDINGS ENCOURAGES THOUGHTFUL REFLECTION AND REFRESHES THE MIND, BODY AND SPIRIT.

4c (Code:) (Expenses \$ 11,249,145. including grants of \$ 207,504.) (Revenue \$ 11,112,238.) PUBLIC PROGRAMS: THE INSTITUTE'S PUBLIC PROGRAMS OPEN THE INSTITUTE UP TO THE PUBLIC, OFFERING OPPORTUNITIES TO ENGAGE IN THOUGHTFUL, NONPARTISAN INQUIRY. OUR MAJOR EVENTS INCLUDE THE ASPEN, DC AND NEW YORK IDEAS FESTIVALS, SPOTLIGHT HEALTH AND THE ASPEN SECURITY FORUM AND THE ASPEN WORDS PROGRAM. THESE AND OUR OTHER PUBLIC FORUMS ENGAGE OVER 15,000 MEMBERS OF THE GENERAL PUBLIC ANNUALLY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 8,663,371. including grants of \$ 35,500.) (Revenue \$ 3,411,804.)

4e Total program service expenses 79,469,066.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 19 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a through 38, covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes sub-questions for various IRS forms and financial reporting requirements.



Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ASPEN INSTITUTE/NAMITA KHASAT - 202-736-2520

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT K. STEEL CHAIRMAN	1.00	X		X				0.	0.	0.
(2) JAMES SCHINE CROWN VICE CHAIR	0.30	X		X				0.	0.	0.
(3) WILLIAM E. MAYER CHAIRMAN EMERITUS	0.30	X		X				0.	0.	0.
(4) MADELEINE K. ALBRIGHT CHAIR	0.30	X						0.	0.	0.
(5) PAUL F. ANDERSON TRUSTEE	0.30	X						0.	0.	0.
(6) MERCEDES BASS TRUSTEE	0.30	X						0.	0.	0.
(7) MIGUEL (MIKE) BEZOS TRUSTEE	0.30	X						0.	0.	0.
(8) RICHARD BRADDOCK TRUSTEE	0.30	X						0.	0.	0.
(9) BETH BROOKE-MARCINIAK TRUSTEE	0.30	X						0.	0.	0.
(10) WILLIAM D. BUDINGER TRUSTEE	0.30	X						0.	0.	0.
(11) STEPHEN L. CARTER TRUSTEE	0.30	X						0.	0.	0.
(12) CESAR R. CONDE TRUSTEE	0.30	X						0.	0.	0.
(13) ANDREA CUNNINGHAM TRUSTEE	0.30	X						0.	0.	0.
(14) KENNETH L. DAVIS, MD TRUSTEE	0.30	X						0.	0.	0.
(15) JOHN DOERR TRUSTEE	0.30	X						0.	0.	0.
(16) THELMA DUGGIN TRUSTEE	0.30	X						0.	0.	0.
(17) SYLVIA A. EARLE TRUSTEE	0.30	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL D. EISNER TRUSTEE	0.30	X						0.	0.	0.
(19) L. BROOKS ENTWISTLE TRUSTEE	0.30	X						0.	0.	0.
(20) HENRIETTA HOLSMAN FORE TRUSTEE	0.30	X						0.	0.	0.
(21) ANN B. FRIEDMAN TRUSTEE	0.30	X						0.	0.	0.
(22) HENRY LOUIS GATES, JR. TRUSTEE	0.30	X						0.	0.	0.
(23) DAVID GERGEN TRUSTEE	0.30	X						0.	0.	0.
(24) GERALD GREENWALD TRUSTEE	0.30	X						0.	0.	0.
(25) PATRICK W. GROSS TRUSTEE	0.30	X						0.	0.	0.
(26) ARJUN GUPTA TRUSTEE	0.30	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								4,099,007.	0.	619,720.
d Total (add lines 1b and 1c)								4,099,007.	0.	619,720.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 117

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FIRSTBORN MULTIMEDIA CORP. , 32 AVE. OF THE AMER., 5TH FLOOR, NEW YORK, NY 10013	WEBSITE DEVELOPMENT	527,942.
SITE SELECTION SERVICES 6404 RUBY WAY, CARLSBAD, CA 92011	CONFERENCE SERVICES / LODGING	418,979.
BURNES COMMUNICATIONS 7910 WOODMONT AVENUE, BETHESDA, MD 20814	COMMUNICATIONS CONSULTING	351,905.
HOTEL JEROME 330 E MAIN STREET, ASPEN, CO 81611	CONFERENCE SERVICES / LODGING	297,581.
STAY ASPEN SNOWMASS 425 RIO GRANDE PLACE, ASPEN, CO 81611	CONFERENCE SERVICES / LODGING	296,678.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 24

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JANE HARMAN TRUSTEE	0.30	X						0.	0.	0.
(28) HAYNE HIPPIE TRUSTEE	0.30	X						0.	0.	0.
(29) MARK S. HOPLAMAZIAN TRUSTEE	0.30	X						0.	0.	0.
(30) GERALD D. HOSIER TRUSTEE	0.30	X						0.	0.	0.
(31) ANN FRASHER HUDSON TRUSTEE	0.30	X						0.	0.	0.
(32) ROBERT HURST TRUSTEE	0.30	X						0.	0.	0.
(33) SALMAN KHAN TRUSTEE	0.30	X						0.	0.	0.
(34) MICHAEL KLEIN TRUSTEE	0.30	X						0.	0.	0.
(35) DAVID KOCH TRUSTEE	0.30	X						0.	0.	0.
(36) TIMOTHY K. KRAUSKOPF TRUSTEE	0.30	X						0.	0.	0.
(37) LAURA LAUDER TRUSTEE	0.30	X						0.	0.	0.
(38) RODERICK VON LIPSEY TRUSTEE	0.30	X						0.	0.	0.
(39) YO-YO MA TRUSTEE	0.30	X						0.	0.	0.
(40) FREDERIC V. MALEK TRUSTEE	0.30	X						0.	0.	0.
(41) JAMES M. MANYIKA TRUSTEE	0.30	X						0.	0.	0.
(42) BONNIE PALMER MCCLOSKEY TRUSTEE	0.30	X						0.	0.	0.
(43) DAVID MCCORMICK TRUSTEE	0.30	X						0.	0.	0.
(44) ANNE WELSH MCNULTY TRUSTEE	0.30	X						0.	0.	0.
(45) DIANE L. MORRIS TRUSTEE	0.30	X						0.	0.	0.
(46) KARLHEINZ MUHR TRUSTEE	0.30	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) CLARE MUNANA TRUSTEE	0.30	X						0.	0.	0.
(48) JERRY MURDOCK TRUSTEE	0.30	X						0.	0.	0.
(49) MARC B. NATHANSON TRUSTEE	0.30	X						0.	0.	0.
(50) WILLIAM A. NITZE TRUSTEE	0.30	X						0.	0.	0.
(51) HER MAJESTY QUEEN NOOR TRUSTEE	0.30	X						0.	0.	0.
(52) JACQUELINE NOVOGRATZ TRUSTEE	0.30	X						0.	0.	0.
(53) OLARA A. OTUNNU TRUSTEE	0.30	X						0.	0.	0.
(54) ELAINE PAGELS TRUSTEE	0.30	X						0.	0.	0.
(55) MARGOT L. PRITZKER TRUSTEE	0.30	X						0.	0.	0.
(56) LYNDA RESNICK TRUSTEE	0.30	X						0.	0.	0.
(57) CONDOLEEZZA RICE TRUSTEE	0.30	X						0.	0.	0.
(58) JAMES E. ROGERS TRUSTEE	0.30	X						0.	0.	0.
(59) RICARDO SALINAS TRUSTEE	0.30	X						0.	0.	0.
(60) ISAAC SHONGWE TRUSTEE	0.30	X						0.	0.	0.
(61) ANNA DEAVERE SMITH TRUSTEE	0.30	X						0.	0.	0.
(62) MICHELLE SMITH TRUSTEE	0.30	X						0.	0.	0.
(63) LAURIE M. TISCH TRUSTEE	0.30	X						0.	0.	0.
(64) VIN WEBER TRUSTEE	0.30	X						0.	0.	0.
(65) WALTER ISAACSON PRESIDENT/CEO	40.00	X		X				864,658.	0.	74,709.
(66) AMY MARGERUM EXEC. VP/CORPORATE SECRETARY	40.00			X				378,794.	0.	63,804.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,794,724.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,374,672.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	108,759,318.				
	g Noncash contributions included in lines 1a-1f: \$		3,988,155.				
	h Total. Add lines 1a-1f		111,928,714.				
	Program Service Revenue	2 a CONTRACT REVENUE	Business Code 900099	10,411,357.	10,411,357.		
b CONF./FACILITY FEES		531390	10,182,338.		10,182,338.		
c SEMINAR AND EVENT FEES		900099	9,835,735.	9,835,735.			
d BOOK SALES		900099	26,021.	26,021.			
e							
f All other program service revenue							
g Total. Add lines 2a-2f			30,455,451.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		268,197.		-512,268.	780,465.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	98,306.				
		(ii) Personal					
		b Less: rental expenses	49,712.				
		c Rental income or (loss)	48,594.				
	d Net rental income or (loss)		48,594.			48,594.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	179,297,074.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	179,325,396.				
		c Gain or (loss)	-28,322.				
	d Net gain or (loss)		-28,322.			-28,322.	
	8 a Gross income from fundraising events (not including \$ 1,794,724. of contributions reported on line 1c). See Part IV, line 18	a	80,386.				
		b Less: direct expenses	580,319.				
c Net income or (loss) from fundraising events			-499,933.			-499,933.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME		900099	395,329.			395,329.	
	b ADVERTISING INCOME	541800	271,053.		271,053.		
	c SUBLEASE INCOME	900099	15,443.			15,443.	
	d All other revenue						
	e Total. Add lines 11a-11d		681,825.				
12 Total revenue. See instructions.		142,854,526.	20,273,113.	9,941,123.	711,576.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,088,424.	8,088,424.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	142,751.	142,751.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	253,324.	253,324.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,827,404.	598,990.	2,095,635.	132,779.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	29,807,887.	22,184,639.	6,245,871.	1,377,377.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,776,102.	2,069,579.	556,826.	149,697.
9 Other employee benefits	3,882,070.	2,856,846.	857,352.	167,872.
10 Payroll taxes	2,152,393.	1,535,652.	499,803.	116,938.
11 Fees for services (non-employees):				
a Management	14,376,991.	14,376,991.		
b Legal	81,056.	36,390.	44,666.	
c Accounting	167,465.		167,465.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	32,011.		32,011.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	5,818,181.	5,135,281.	682,900.	
12 Advertising and promotion	98,704.	88,046.	4,615.	6,043.
13 Office expenses	4,478,277.	1,935,230.	2,261,037.	282,010.
14 Information technology	1,376,114.	462,706.	903,825.	9,583.
15 Royalties				
16 Occupancy	3,309,108.	2,355,035.	844,139.	109,934.
17 Travel	11,541,100.	10,707,292.	621,050.	212,758.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	750,163.	750,163.		
19 Conferences, conventions, and meetings	2,065,177.	2,065,177.		
20 Interest	4,000.		4,000.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,761,455.		2,761,455.	
23 Insurance	294,434.		294,434.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PUBLICATIONS	1,495,670.	1,344,329.	147,278.	4,063.
b AUDIO/VISUAL	1,202,921.	1,131,666.	37,009.	34,246.
c PROGRAM COSTS	1,076,094.	1,076,094.		
d PHOTOGRAPHY	311,776.	274,434.	20,312.	17,030.
e All other expenses	208,065.	27.	5,132.	202,906.
25 Total functional expenses. Add lines 1 through 24e	101,379,117.	79,469,066.	19,086,815.	2,823,236.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,523.	1	20,706.
	2 Savings and temporary cash investments	15,933,981.	2	15,314,831.
	3 Pledges and grants receivable, net	43,373,779.	3	70,701,619.
	4 Accounts receivable, net	3,062,934.	4	1,885,671.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	100,074.	8	131,455.
	9 Prepaid expenses and deferred charges	1,255,976.	9	1,125,418.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 93,687,725.		
	b Less: accumulated depreciation	10b 43,036,052.	51,625,857.	10c 50,651,673.
	11 Investments - publicly traded securities	9,845,055.	11	19,602,145.
	12 Investments - other securities. See Part IV, line 11	106,896,418.	12	118,715,385.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	109,496.	15	93,353.
16 Total assets. Add lines 1 through 15 (must equal line 34)	232,206,093.	16	278,242,256.	
Liabilities	17 Accounts payable and accrued expenses	6,445,740.	17	6,781,875.
	18 Grants payable	725,376.	18	2,323,397.
	19 Deferred revenue	5,571,367.	19	6,015,991.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,052,343.	25	4,143,416.
	26 Total liabilities. Add lines 17 through 25	16,794,826.	26	19,264,679.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	83,804,671.	27	80,698,001.
	28 Temporarily restricted net assets	81,654,997.	28	123,871,918.
	29 Permanently restricted net assets	49,951,599.	29	54,407,658.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	215,411,267.	33	258,977,577.	
34 Total liabilities and net assets/fund balances	232,206,093.	34	278,242,256.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	142,854,526.
2	Total expenses (must equal Part IX, column (A), line 25)	2	101,379,117.
3	Revenue less expenses. Subtract line 2 from line 1	3	41,475,409.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	215,411,267.
5	Net unrealized gains (losses) on investments	5	2,090,901.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	258,977,577.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2015)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	49,664,114.	71,686,768.	68,204,184.	68,633,372.	111,928,714.	370,117,152.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	49,664,114.	71,686,768.	68,204,184.	68,633,372.	111,928,714.	370,117,152.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						39,314,897.
6 Public support. Subtract line 5 from line 4.						330,802,255.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	49,664,114.	71,686,768.	68,204,184.	68,633,372.	111,928,714.	370,117,152.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	479,603.	347,151.	334,358.	133,656.	894,214.	2,188,982.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	402,809.	485,061.	398,612.	190,216.	395,329.	1,872,027.
11 Total support. Add lines 7 through 10						374,178,161.
12 Gross receipts from related activities, etc. (see instructions)					12	84,095,098.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	88.41 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	89.21 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2015

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2014 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2011 AMOUNT: \$ 402,809.

2012 AMOUNT: \$ 485,061.

2013 AMOUNT: \$ 398,612.

2014 AMOUNT: \$ 190,216.

2015 AMOUNT: \$ 395,329.

COPY

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

THE ASPEN INSTITUTE, INC.

Employer identification number

84-0399006

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization THE ASPEN INSTITUTE, INC.	Employer identification number 84-0399006
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 8,177,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 6,740,295.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 6,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/> <hr/>	\$ 5,950,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/> <hr/>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/> <hr/>	\$ 4,865,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ASPEN INSTITUTE, INC.	Employer identification number 84-0399006
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 4,285,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 4,151,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 3,500,390.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 2,565,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 2,560,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ASPEN INSTITUTE, INC.	Employer identification number 84-0399006
---	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	3,888 SHARES OF AMAZON STOCK	\$ 2,390,730.	08/14/15
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization THE ASPEN INSTITUTE, INC.	Employer identification number 84-0399006
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

COPY

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization THE ASPEN INSTITUTE, INC. **Employer identification number** 84-0399006

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a 1
b Total acreage restricted by conservation easements	2b 250.38
c Number of conservation easements on a certified historic structure included in (a)	2c 0
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d 0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$	100,000.
(ii) Assets included in Form 990, Part X	▶ \$	959,345.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$	0.
b Assets included in Form 990, Part X	▶ \$	0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

532051
11-02-15

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	80,203,349.	75,351,962.	59,703,811.	44,873,360.	43,483,211.
b Contributions	16,298,057.	4,417,778.	12,128,542.	12,703,802.	4,713,266.
c Net investment earnings, gains, and losses	1,451,696.	2,668,734.	5,470,942.	3,285,463.	-393,566.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,720,562.	2,235,125.	1,951,333.	2,299,326.	2,929,551.
f Administrative expenses					
g End of year balance	95,232,540.	80,203,349.	75,351,962.	58,563,299.	44,873,360.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 22.49 %
- b Permanent endowment 57.15 %
- c Temporarily restricted endowment 20.36 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,627,664.		10,627,664.
b Buildings		67,089,103.	31,081,056.	36,008,047.
c Leasehold improvements		976,700.	454,662.	522,038.
d Equipment		5,291,066.	4,509,406.	781,660.
e Other		9,703,192.	6,990,928.	2,712,264.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				50,651,673.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT CONTRACT	635,083.	END-OF-YEAR MARKET VALUE
(B) LIMITED PARTNERSHIPS	118,080,302.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	118,715,385.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	158,544.
(3) DEFERRED COMPENSATION	3,402,311.
(4) DEFERRED RENT AND LEASE INCENTIVE	582,561.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,143,416.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	145,633,371.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,090,901.
b	Donated services and use of facilities	2b	89,924.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,180,825.
3	Subtract line 2e from line 1	3	143,452,546.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	32,011.
b	Other (Describe in Part XIII.)	4b	-630,031.
c	Add lines 4a and 4b	4c	-598,020.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	142,854,526.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	102,067,061.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	89,924.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	89,924.
3	Subtract line 2e from line 1	3	101,977,137.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	32,011.
b	Other (Describe in Part XIII.)	4b	-630,031.
c	Add lines 4a and 4b	4c	-598,020.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	101,379,117.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 5:

THE INSTITUTE CONTINUES TO COMPLY WITH TERMS OF CONTRACT GOVERNING THE CONSERVATION EASEMENT HELD, WHICH INCLUDES PROTECTION OF NATURAL HABITAT.

PART II, LINE 9:

THE INSTITUTE HOLDS A CONSERVATION EASEMENT ON THE BALANCE SHEET AND THE CONTRIBUTED PARCEL OF LAND WAS BOOKED AS REVENUE FOR THE YEAR IT WAS GIFTED.

PART III, LINE 4:

AT OUR ASPEN MEADOWS CAMPUS, ASPEN, COLORADO, WE HAVE A LARGE COLLECTION OF ART THAT IS ON DISPLAY BOTH IN GALLERIES AND PUBLIC SPACES. IT IS

Part XIII Supplemental Information (continued)

ENJOYED BY GUESTS WHO VISIT AND STAY AT OUR RESORT. THIS ART COLLECTION IS
 MADE UP OF PHOTOS FROM FRANZ BERKO, OFFICIAL PHOTOGRAPHER FOR THE
 INSTITUTE, AS WELL AS ART IN VARIOUS MEDIUMS BY HERBERT BAYER. BAYER WAS
 THE ARCHITECT FOR OUR CAMPUS, AND ALSO DESIGNED SEVERAL OF THE LAND FORMS
 THROUGHOUT OUR PROPERTY. ONE GALLERY ON PROPERTY IS DEDICATED SOLELY TO
 THE WORK OF BAYER.

PART V, LINE 4:

4.5% OF A 12 QUARTER ROLLING AVERAGE OF THE FUNDS ARE USED TO FUND
 PROGRAMMATIC WORK OF THE INSTITUTE.

PART X, LINE 2:

THE INSTITUTE PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE
 YEAR ENDED DECEMBER 31, 2015, AND DETERMINED THAT THERE WERE NO MATTERS
 THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY
 HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-49,712.
SPECIAL EVENT EXPENSES	-580,319.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-630,031.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-49,712.
SPECIAL EVENT EXPENSES	-580,319.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-630,031.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization THE ASPEN INSTITUTE, INC.	Employer identification number 84-0399006
---	--

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN -	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	41,939.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	765.
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	544,713.
MIDDLE EAST AND NORTH AFRICA -	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	15,224.
NORTH AMERICA - CANADA AND MEXICO, BUT	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	189,099.
SOUTH AMERICA - ARGENTINA, BOLIVIA,	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	206,863.
SOUTH ASIA - AFGHANISTAN, BANGLADESH,	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	215,930.
SUB-SAHARAN AFRICA - ANGOLA,	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS LOCATED IN REGION.	GRANTS, MEETINGS AND PROGRAMMATIC ACTIVITIES.	257,353.
3 a Sub-total	0	0			1,471,886.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,471,886.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2015

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO SUPPORT ONLINE SALES, DIGITIZATION, CULTURAL PROMOTION, AND WAREHOUSING	20,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SMALL BUSINESS DEVELOPMENT TO COMMISSION ARTISANS AND LOCAL ARTISANAL	20,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT CHAPTER OPERATIONS	54,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	SUPPORT CHAPTER OPERATIONS	20,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	SUPPORT CHAPTER OPERATIONS	60,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TO FINISH THE BUILDING AND INSTALLATION OF A TRADITIONAL HOME	20,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORT CHAPTER OPERATIONS	27,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT CHAPTER OPERATIONS	10,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities 8

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
AWARDS	SOUTH AMERICA	5	18,700.	WIRE TRANSFER	0.		
AWARDS	NORTH AMERICA	1	1,536.	WIRE TRANSFER	0.		
AWARDS	MIDDLE EAST AND NORTH AFRICA	1	5,000.	WIRE TRANSFER	0.		
AWARDS	SUB-SAHARAN AFRICA	1	10,000.	WIRE TRANSFER	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2015

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

FROM TIME TO TIME THE INSTITUTE ENGAGES OTHER ENTITIES TO FURTHER THE OBJECTIVES SET FORTH IN OUR GRANT AGREEMENTS. THIS IS TYPICALLY DONE VIA SUB-AWARDS OR RE-GRANTS THAT RUN CONCURRENTLY WITH THE PRIME AWARD IN WHICH THE SUB RECIPIENTS ARE ADVISED OF ALL APPLICABLE LAWS AND REGULATIONS, AND ALL APPROPRIATE FLOW-DOWN PROVISIONS FROM THE PRIME AGREEMENT. ALL SUB GRANTEEES OR SERVICE PROVIDERS MUST ALSO CERTIFY THAT THEY DO NOT AND WILL NOT KNOWINGLY PROVIDE MATERIAL SUPPORT OR RESOURCES TO ANY INDIVIDUAL OR ENTITY INVOLVED WITH TERRORISM (INCLUDING ANY INDIVIDUALS, ENTITIES, OR GROUPS SUBJECT TO OFAC SANCTIONS) OR TO ANYONE WHO ACTS AS AN AGENT FOR SUCH AN INDIVIDUAL OR ENTITY. ANY VIOLATION OF THIS CERTIFICATION MUST BE GROUNDS FOR IMMEDIATE TERMINATION OF THE LETTER OF AGREEMENT AND RETURN OF ALL GRANT FUNDS.

THE FREQUENCY AND SCOPE OF THE RESEARCH PROGRAM'S MONITORING PROCEDURES ARE DETERMINED JOINTLY BY THE RESPONSIBLE PROGRAM MANAGER AND RESPECTIVE GRANT ADMINISTRATOR/FINANCIAL ANALYST. THIS INCLUDES THE ROUTINE RECEIPT AND REVIEW OF THE NARRATIVE AND FINANCIAL REPORTS, A REVIEW OF EXPENSES TO BUDGET, THE OPTION TO PERFORM AUDITS, AND ALLOWS FOR THE PERFORMANCE OF SITE VISITS IF NECESSARY. THE INSTITUTE SHOULD BE NOTIFIED WHENEVER PROBLEMS, DELAYS OR OTHER CONDITIONS DEVELOP WHICH WOULD HAVE SIGNIFICANT IMPACT UPON THE PROJECT. BUDGET REVISIONS ARE ALLOWED WITHIN THE PARAMETERS SET FORTH IN EACH SUB AWARD. THE PAYMENT SCHEDULE AND THE DEGREE OF FLEXIBILITY OFFERED MAY DEPEND ON PREVIOUS EXPERIENCE WITH THE RECIPIENT, THE DEGREE OF EXTERNAL OVERSIGHT BY OTHER PARTIES, AND THE SOPHISTICATION OF THE RECIPIENT'S ADMINISTRATIVE SYSTEMS.

COPY

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PARTICIPANTS ARE EXPECTED TO COMPLY WITH ALL RELEVANT U.S. LAWS. PRIOR TO

ISSUING AWARDS TO FOREIGN ENTITIES, THE PROGRAMS ARE BEING ASKED TO

COMPLETE A DUE DILIGENCE CHECKLIST, WHICH INCLUDES ADDITIONAL INFORMATION

ABOUT THE SUB RECIPIENT INCLUDING: ANY REASONABLY AVAILABLE HISTORICAL

INFORMATION ABOUT THE GRANTEE THAT ASSURES THE INSTITUTE OF THE GRANTEE'S

IDENTITY AND INTEGRITY SUCH AS THE JURISDICTION IN WHICH A GRANTEE

ORGANIZATION IS INCORPORATED OR FORMED; COPIES OF INCORPORATING OR OTHER

GOVERNING INSTRUMENTS; INFORMATION ON THE INDIVIDUALS WHO FORMED AND

OPERATE THE ORGANIZATION; AND INFORMATION RELATING TO THE GRANTEE'S

OPERATING HISTORY; THE GRANTEE OR SERVICE PROVIDER'S NAME IN ENGLISH, AND

THE LANGUAGE OF ORIGIN, AND ANY ACRONYM OR OTHER NAMES USED TO IDENTIFY

THE GRANTEE; THE JURISDICTIONS IN WHICH A GRANTEE OR SERVICE PROVIDER

MAINTAINS A PHYSICAL PRESENCE; THE GRANTEE OR SERVICE PROVIDER'S POSTAL,

EMAIL AND WEBSITE ADDRESSES AND PHONE NUMBERS FOR EACH PLACE OF BUSINESS.

THE INSTITUTE ALSO CONDUCTS A REASONABLE SEARCH OF PUBLICLY AVAILABLE

INFORMATION TO DETERMINE WHETHER THE GRANTEE OR SERVICE PROVIDER IS

SUSPECTED OF ACTIVITY RELATING TO TERRORISM, INCLUDING TERRORIST

FINANCING OR OTHER SUPPORT.

PART II, COLUMN (D):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: SMALL BUSINESS DEVELOPMENT TO COMMISSION ARTISANS

AND LOCAL ARTISANAL COPPERATIVES TO CREATE PRODUCTS FOR TRIA, ETC.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO FINISH THE BUILDING AND INSTALLATION OF A

TRADITIONAL HOME WEAVERS EXHIBITION

COPY

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART IV, NO. 6

THE STEVENS INITIATIVE IS A \$6M COLLABORATION BETWEEN THE GOVERNMENTS OF THE UNITED STATES, UNITED ARAB EMIRATES, QATAR, ALGERIA AND MOROCCO, AND MICROSOFT, MOZILLA AND GOPRO. THE PARTNERSHIP IS DESIGNED TO INCREASE PEOPLE-TO-PEOPLE EXCHANGE BETWEEN YOUTH IN THE UNITED STATES AND THE MIDDLE EAST AND NORTH AFRICA.

THE STEVENS INITIATIVE WILL SUPPORT ORGANIZATIONS THAT RUN VIRTUAL AND PHYSICAL EXCHANGE PROGRAMS TO DEEPEN THE IMPACT AND SCALE UP THE REACH OF THEIR PROGRAMS IN THE UNITED STATES AND IN THE MIDDLE EAST AND NORTH AFRICA.

MIDDLE EAST LEADERSHIP INITIATIVE IS A FELLOWSHIP FOR LEADERS ACROSS THE MIDDLE EAST TO TACKLE IMPORTANT SOCIETAL CHALLENGES FACING THEIR COUNTRIES AND REGIONS.

CASH DISBURSEMENTS TO AFFECTED COUNTRIES WERE MINIMAL AND INCLUDED REIMBURSEMENT FOR TRAVEL FOR A MODERATOR FOR THE ASPEN ACTION FORUM AND AN INDIVIDUAL CONSULTANT SUPPORTING THE GLOBAL HEALTH & DEVELOPMENT'S PROGRAM THE ALLIANCE FOR ARTISAN ENTERPRISES.



Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL DINNER (event type)	SUMMER CELEBRATION (event type)	2 (total number)	
Revenue	1 Gross receipts	1,097,895.	461,760.	315,455.	1,875,110.
	2 Less: Contributions	1,059,345.	436,180.	299,199.	1,794,724.
	3 Gross income (line 1 minus line 2)	38,550.	25,580.	16,256.	80,386.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	5,356.	3,804.	1,692.	10,852.
	7 Food and beverages	98,291.	1,507.	2,656.	102,454.
	8 Entertainment				
	9 Other direct expenses	184,854.	155,953.	126,206.	467,013.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				580,319.
11 Net income summary. Subtract line 10 from line 3, column (d)				-499,933.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization **THE ASPEN INSTITUTE, INC.** Employer identification number **84-0399006**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY 1300 CLIFTON ROAD, NE ATLANTA, GA 30322	58-0566256	501(C)(3)	1,011,452.	0.			TO SUPPORT GALI GLOBAL ACCELERATOR LEARNING INITIATIVE
THE DISTRICT BOARD OF TRUSTEES OF SANTA FE COLLEGE - 3000 NW 83RD STREET - GAINESVILLE, FL 32606	59-1207627	501(C)(3)	820,500.	0.			2015 ASPEN PRIZE AWARD FUNDS
EMPLOYINDY 115 W. WASHINGTON STREET, SUITE 45 INDIANAPOLIS, IN 46204	35-1569069	501(C)(3)	649,092.	0.			TO LEAD THE DESIGN AND IMPLEMENTATION OF THE URBAN MATHEMATICS LEADERSHIP NEWTORK AND
CORPORATION FOR A SKILLED WORKFORCE - 1100 VICTORS WAY, SUITE 10 - ANN ARBOR, MI 48108	38-2991143	501(C)(3)	590,331.	0.			TO SUPPORT "REIMAGINING RETAIL JOBS AND WORKER ADVANCEMENT"
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 3145 PORTER DRIVE - PALO ALTO, CA 94304	94-1156365	501(C)(3)	482,653.	0.			ASPEN FELLOWSHIP - STANFORD COLLABORATION
EQUAL MEASURE 1528 WALNUT STREET, SUITE 805 PHILADELPHIA, PA 19102	23-2694572	501(C)(3)	350,585.	0.			EVALUATION OF OPPORTUNITY YOUTH INCENTIVE FUND SITES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 48.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THRIVE CHICAGO 205 N. MICHIGAN AVENUE CHICAGO, IL 60601	47-2478889	501(C)(3)	350,000.	0.			OPPORTUNITY YOUTH AWARD AND OPPORTUNITIES CHICAGO
MISSION EDGE SAN DIEGO, INC. P.O. BOX 12319 SAN DIEGO, CA 92112	27-2938491	501(C)(3)	200,000.	0.			OPPORTUNITY YOUTH AWARD
ALLIANCE FOR CHILDRENS RIGHTS 3333 WILSHIRE BOULEVARD LOS ANGELES, CA 90010	95-4358213	501(C)(3)	200,000.	0.			OPPORTUNITY YOUTH AWARD
JOBSFIRSTNYC 11 PARK PLACE NEW YORK, NY 10007	41-2242653	501(C)(3)	200,000.	0.			OPPORTUNITY YOUTH AWARD
BOSTON PRIVATE INDUSTRY COUNCIL 2 OLIVER STREET BOSTON, MA 02109	04-2676661	501(C)(3)	200,000.	0.			OPPORTUNITY YOUTH AWARD
WORKFORCE SOLUTIONS CAPITAL AREA WORKFORCE - 6505 AIRPORT BOULEVARD - AUSTIN, TX 78752	74-2327454	501(C)(3)	200,000.	0.			OPPORTUNITY YOUTH AWARD
URBAN STRATEGIES COUNCIL 1720 BROADWAY AVENUE OAKLAND, CA 94612	94-3044453	501(C)(3)	200,000.	0.			OPPORTUNITY YOUTH AWARD
UNITED WAY OF TUCSON AND SOUTHERN ARIZONA - 330 N. COMMERCE PARK LOOP - TUCSON, AZ 85745	86-0098932	501(C)(3)	200,000.	0.			OPPORTUNITY YOUTH AWARD
ADMINISTRATORS OF THE TULANE EDUCATION FUND - 6823 ST. CHARLES AVENUE - NEW ORLEANS, LA 70118	72-0423889	501(C)(3)	200,000.	0.			OPPORTUNITY YOUTH AWARD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD MAR MONTE, INC. 1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501(C)(3)	200,000.	0.			OPPORTUNITY YOUTH AWARD
FUSION PARTNERSHIPS 1601 GUILFORD AVENUE BALTIMORE, MD 21202	52-2148413	501(C)(3)	200,000.	0.			OPPORTUNITY YOUTH AWARD
ROSE COMMUNITY FOUNDATION 600 S. CHERRY STREET DENVER, CO 80246	84-0920862	501(C)(3)	199,850.	0.			OPPORTUNITY YOUTH AWARD
MARICOPA COUNTY 301 W. JEFFERSON AVENUE PHOENIX, AZ 85003	86-6000472	501(C)(3)	150,000.	0.			MARICOPA COUNTY EDUCATION SERVICE AGENCY OYIF
UNITED WAY OF METROPOLITAN ATLANTA P.O. BOX 692 ATLANTA, GA 30301	58-0566194	501(C)(3)	150,000.	0.			OPPORTUNITY YOUTH AWARD
HUMBOLDT AREA FOUNDATION 363 INDIANOLA AVENUE BAYSIDE, CA 95524	23-7310660	501(C)(3)	115,000.	0.			OPPORTUNITY YOUTH AWARD
WATERTOWN SCHOOL DISTRICT 14-4 P.O. BOX 730 WATERTOWN, SD 57201	46-6001273	501(C)(3)	110,500.	0.			2015 ASPEN PRIZE AWARD FUNDS
PADUCAH JUNIOR COLLEGE, INC. 4810 ALBEN BARKLEY DRIVE PADUCAH, KY 42002	61-6001156	501(C)(3)	100,000.	0.			2015 ASPEN PRIZE AWARD FUNDS
BOARD OF TRUSTEES OF COMMUNITY COLLEGE DISTRICT, NO. 508 - 6301 S. HALSTED STREET - CHICAGO, IL 60621	36-2606236	501(C)(3)	100,000.	0.			2015 ASPEN PRIZE AWARD FUNDS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HOPI FOUNDATION P.O. BOX 301 KYKOTSMOVI, AZ 86039	74-2488628	501(C)(3)	100,000.	0.			OPPORTUNITY YOUTH AWARD
UNIVERSITY OF SOUTHERN MAINE P.O. BOX 9300 PORTLAND, ME 04104	01-6000769	501(C)(3)	100,000.	0.			OPPORTUNITY YOUTH AWARD
UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL - 104 AIRPORT DRIVE, SUITE 2200 - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	87,709.	0.			TO SUPPORT "REIMAGINING RETAIL JOBS AND WORKER ADVANCEMENT"
PORTLAND STATE UNIVERSITY P.O. BOX 751-SPA PORTLAND, OR 97207	36-4776757	501(C)(3)	77,801.	0.			TO SUPPORT THE CWFA REGIONAL MANUFACTURING INITIATIVE
WORLD AFFAIRS COUNCIL OF NORTHERN CALIFORNIA - 213 SUTTER STREET, SUITE 200 - SAN FRANCISCO, CA 94108	94-1156356	501(C)(3)	60,000.	0.			TO COMPENSATE FOR THE DESIGN, PLANNING AND EXECUTION OF THE ANNUAL MEETING AND SUPPORT
DETROIT EMPLOYMENT SOLUTIONS CORPORATION - 707 W. MILWAUKEE - DETROIT, MI 48202	38-3353746	501(C)(3)	50,000.	0.			OPPORTUNITY YOUTH AWARD
LOCAL INITIATIVE SUPPORT CORPORATION - 501 SEVENTH AVENUE - NEW YORK, NY 10018	13-3030229	501(C)(3)	50,000.	0.			OPPORTUNITY YOUTH AWARD
HIGHER HEIGHTS CONSULTING & TRAINING, INC. - 11436 ENCORE DRIVE - SILVER SPRING, MD 20901	52-2336787	501(C)(3)	39,874.	0.			2G HEIGHTS/MURRELL PARTNERSHIP/FEES & EXPENSES
RENTON TECHNICAL COLLEGE 3000 NE FOURTH STREET RENTON, WA 98056	91-1522175	501(C)(3)	31,500.	0.			2015 ASPEN PRIZE AWARD FUNDS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DC PUBLIC EDUCATION FUND 3407 14TH STREET, NW WASHINGTON, DC 20010	26-1607955	501(C)(3)	30,240.	0.			CHALLENGE TEAM/TEACHER AWARDS
SKILLS FOR CHICAGOLAND 191 N. WACKER DRIVE, SUITE 1150 CHICAGO, IL 60606	45-1287418	501(C)(3)	27,000.	0.			TO SUPPORT EFFORTS THAT PRODUCE DEMONSTRABLE RESULTS TOWARDS SKILLS FOR AMERICA'S FUTURE
HUMAN NEEDS PROJECT 36 PROFESSIONAL CENTRE PARKWAY SAN RAFAEL, CA 94903	27-4583288	501(C)(3)	25,000.	0.			ASPEN IDEAS AWARD
US GREEN BUILDING COUNCIL 2101 L STREET, NW WASHINGTON, DC 20037	52-1822816	501(C)(3)	25,000.	0.			ASPEN IDEAS AWARD
LOS ANGELES FUND FOR PUBLIC EDUCATION - 10250 CONSTELLATION BOULEVARD - LOS ANGELES, CA 90067	45-2443162	501(C)(3)	18,764.	0.			CHALLENGE TEAM/TEACHER AWARDS
VALENCIA COLLEGE P.O. BOX 3028 ORLANDO, FL 32802	59-1216316	501(C)(3)	17,500.	0.			2015 ASPEN PRIZE AWARD FUNDS
BRAZOSPORT COLLEGE 500 COLLEGE DRIVE LAKE JACKSON, TX 77566	74-1587881	501(C)(3)	17,000.	0.			2015 ASPEN PRIZE AWARD FUNDS
THE CHICAGO COMMUNITY FOUNDATION 225 N. MICHIGAN AVENUE, SUITE 2200 CHICAGO, IL 60601	36-3432023	501(C)(3)	15,000.	0.			APPRENTICESHIP RESEARCH EFFORTS AND OUTREACH EFFORTS OF WORKFORCE MATTERS
INSTITUTE FOR WORK 70 E. LAKE STREET, SUITE 1700 CHICAGO, IL 60601	36-4389954	501(C)(3)	14,000.	0.			TO SUPPORT SKILLS FOR AMERICAS FUTURE INCLUDING IDENTIFYING A TEAM OF INNOVATORS IN "EARN AND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LH TARRYTOWN OPERATING, LLC 49 E. SUNNYSIDE LANE TARRYTOWN, NY 10591	20-2373966	501(C)(3)	14,000.	0.			ANDE ANNUAL CONFERENCE SCHOLARSHIP
GARRETT COUNTY COMMUNITY ACTION COMMITTEE, INC. - 104 E. CENTER STREET - OAKLAND, MD 21550	52-0820662	501(C)(3)	10,750.	0.			TA MENTAL WELLNESS
MISSISSIPPI GULF COAST COMMUNITY COLLEGE - P.O. BOX 609 - PERKINSTON, MS 39573	64-6000964	501(C)(3)	10,000.	0.			2015 ASPEN PRIZE AWARD FUNDS
BAKER COMMUNICATIONS, INC. 7623 E. BATES DRIVE DENVER, CO 80231	84-1251243	501(C)(3)	9,000.	0.			HONORARIUM CHANGE MANAGEMENT
INDIAN RIVER STATE COLLEGE FOUNDATION, INC. - 3209 VIRGINIA AVENUE - FORT PIERCE, FL 34981	59-1105591	501(C)(3)	7,000.	0.			2015 ASPEN PRIZE AWARD FUNDS
MIAMI DADE COLLEGE 11011 SW 104TH STREET MIAMI, FL 33176	59-1210485	501(C)(3)	7,000.	0.			2015 ASPEN PRIZE AWARD FUNDS

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HONORARIA	13	67,001.	0.		
AWARDS	6	65,000.	0.		
SCHOLARSHIPS	3	10,750.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

FROM TIME TO TIME THE INSTITUTE ENGAGES OTHER ENTITIES TO FURTHER THE OBJECTIVES SET FORTH IN OUR GRANT AGREEMENTS. THIS IS TYPICALLY DONE VIA SUB-AWARDS OR RE-GRANTS THAT RUN CONCURRENTLY WITH THE PRIME AWARD IN WHICH THE SUB RECIPIENTS ARE ADVISED OF ALL APPLICABLE LAWS AND REGULATIONS, AND ALL APPROPRIATE FLOW-DOWN PROVISIONS FROM THE PRIME AGREEMENT. ALL SUB GRANTEES OR SERVICE PROVIDERS MUST ALSO CERTIFY THAT IT DOES NOT AND WILL NOT KNOWINGLY PROVIDE MATERIAL SUPPORT OR RESOURCES TO ANY INDIVIDUAL OR ENTITY INVOLVED WITH TERRORISM (INCLUDING ANY INDIVIDUALS ENTITIES OR

Part IV Supplemental Information

GROUPS SUBJECT TO OFAC SANCTIONS) OR TO ANYONE WHO ACTS AS AN AGENT FOR SUCH AN INDIVIDUAL OR ENTITY, ANY VIOLATION OF THIS CERTIFICATION MUST BE GROUNDS FOR IMMEDIATE TERMINATION OF THE LETTER OF AGREEMENT AND RETURN OF ALL GRANT FUNDS.

THE FREQUENCY AND SCOPE OF RESEARCH PROGRAM'S MONITORING PROCEDURES ARE DETERMINED JOINTLY BY THE RESPONSIBLE PROGRAM MANAGER AND RESPECTIVE GRANT ADMINISTRATOR/FINANCIAL ANALYST. THIS INCLUDES THE ROUTINE RECEIPT AND REVIEW OF THE NARRATIVE AND FINANCIAL REPORTS, A REVIEW OF EXPENSES TO BUDGET, THE OPTION TO PERFORM AUDITS, AND ALLOWS FOR THE PERFORMANCE OF SITE VISITS IF NECESSARY. THE INSTITUTE SHOULD BE NOTIFIED WHENEVER PROBLEMS DELAYS OR OTHER CONDITIONS DEVELOP WHICH WOULD HAVE SIGNIFICANT IMPACT UPON THE PROJECT. BUDGET REVISIONS ARE ALLOWED WITHIN THE PARAMETERS SET FORTH IN EACH SUB AWARD. THE PAYMENT SCHEDULE AND THE DEGREE OF FLEXIBILITY OFFERED MAY DEPEND ON PREVIOUS EXPERIENCE WITH THE RECIPIENT, THE DEGREE OF EXTERNAL OVERSIGHT BY OTHER PARTIES, AND THE SOPHISTICATION OF THE RECIPIENT'S ADMINISTRATIVE SYSTEMS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: EMPLOYINDY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO LEAD THE DESIGN AND IMPLEMENTATION OF THE URBAN MATHEMATICS LEADERSHIP NETWORK AND THE URBAN DISTRICTS LEADERSHIP NETWORK

NAME OF ORGANIZATION OR GOVERNMENT:

WORLD AFFAIRS COUNCIL OF NORTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COMPENSATE FOR THE DESIGN, PLANNING AND EXECUTION OF THE ANNUAL MEETING AND SUPPORT RESEARCH

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTE FOR WORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SKILLS FOR AMERICAS

FUTURE INCLUDING IDENTIFYING A TEAM OF INNOVATORS IN "EARN AND LEARN"

POLICIES

Multiple horizontal lines for supplemental information.

COPY

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2015

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

THE ASPEN INSTITUTE, INC.

Employer identification number

84-0399006

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WALTER ISAACSON PRESIDENT/CEO	(i)	860,648.	0.	4,010.	39,750.	34,959.	939,367.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY MARGERUM EXEC. VP/CORPORATE SECRETARY	(i)	375,074.	0.	3,720.	39,750.	24,054.	442,598.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELLIOT GERSON EXECUTIVE VP	(i)	371,804.	0.	4,010.	39,750.	34,964.	450,528.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PETER REILING EXECUTIVE VP	(i)	372,954.	0.	2,612.	39,750.	34,937.	450,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DOLORES GORGONE CFO - UNTIL 11/2015	(i)	315,570.	0.	4,010.	39,750.	3,336.	362,666.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHARLIE FIRESTONE EXEC. DIR. C&S	(i)	336,478.	0.	12,515.	39,750.	24,088.	412,831.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAN GLICKMAN ED CONGRESSIONAL PROGRAM	(i)	324,093.	0.	14,979.	31,800.	3,593.	374,465.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICKEY EDWARDS DIRECTOR RODEL FELLOWSHIPS	(i)	314,139.	0.	12,515.	39,750.	12,632.	379,036.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) STACE LINDSAY DIRECTOR	(i)	313,985.	0.	1,199.	23,952.	34,950.	374,086.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANNE MOSLE VICE PRES. EXEC. DIRECTOR	(i)	280,369.	0.	1,361.	34,246.	34,938.	350,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE ASPEN INSTITUTE FOLLOWS A POLICY GOVERNING EXPENSE REIMBURSEMENT AND

COMPLIES WITH TRAVEL GUIDELINES APPLICABLE TO ALL EMPLOYEES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: **THE ASPEN INSTITUTE, INC.** Employer identification number: **84-0399006**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	X	2	100,000.	APPRAISAL
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	42	3,879,556.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (FOOD/BEVERAGE)	X	2	4,303.	FMV
26	Other (USER LICENSES)	X	1	3,600.	FMV
27	Other (ELECTRONICS)	X	2	696.	FMV
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 2

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE INSTITUTE HAS A WRITTEN GIFT ACCEPTANCE POLICY. IF A DONOR WANTS TO
GIVE A GIFT OUTSIDE OF THAT POLICY, IT WILL BE REVIEWED BY SENIOR
MANAGEMENT AND, IF NECESSARY, REFERRED TO THE BOARD OF TRUSTEES.

COPY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization THE ASPEN INSTITUTE, INC.	Employer identification number 84-0399006
--	---

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

1. IDEAS - SPARK INTELLECTUAL INQUIRY AND EXCHANGE, CONNECTING NEW
CONCEPTS TO TIMELESS VALUES.

2. LEADERSHIP - CREATE A DIVERSE WORLDWIDE COMMUNITY OF LEADERS
COMMITTED TO THE GREATER GOOD.

3. ACTION - PROVIDE A NONPARTISAN FORUM FOR REACHING SOLUTIONS ON VITAL
PUBLIC POLICY ISSUES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ASPEN GLOBAL LEADERSHIP NETWORK

EXPENSES \$ 5,455,206. INCLUDING GRANTS OF \$ 35,000. REVENUE \$ 1,426,068

OTHER RESTRICTED PROGRAMS

EXPENSES \$ 2,233,644. INCLUDING GRANTS OF \$ 500. REVENUE \$ 340,949.

SEMINARS

EXPENSES \$ 974,521. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,644,787.

FORM 990, PART VI, SECTION B, LINE 11:

THE FEDERAL FORM 990 OF THE INSTITUTE IS PREPARED BY AN EXTERNAL ACCOUNTING
FIRM USING INFORMATION OBTAINED FROM INSTITUTE'S STAFF. ONCE THE INITIAL
DRAFT IS PREPARED IT IS REVIEWED BY SR. FINANCE/ACCOUNTING STAFF. IF
NECESSARY, CHANGES ARE MADE AND ANOTHER DRAFT IS ISSUED.

Name of the organization THE ASPEN INSTITUTE, INC.	Employer identification number 84-0399006
---	--

THE SECOND DRAFT FORM 990 IS REVIEWED BY AN APPOINTED MEMBER OF THE AUDIT COMMITTEE ALONG WITH THE EVP FINANCE & ADMINISTRATION AND VP OF FINANCE. IF NECESSARY, CHANGES ARE MADE AND ANOTHER DRAFT IS ISSUED.

THE FINAL DRAFT FORM 990 IS PROVIDED TO ALL MEMBERS OF THE AUDIT COMMITTEE. ONCE APPROVED, COPIES ARE THEN DISTRIBUTED TO ALL BOARD MEMBERS BEFORE THE RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL ASPEN INSTITUTE TRUSTEES AND EMPLOYEES ARE REQUIRED ANNUALLY TO COMPLETE AND SIGN A DISCLOSURE AND ACKNOWLEDGEMENT FORM RELATED TO THE INSTITUTE'S CONFLICT OF INTEREST POLICY. SPECIFICALLY, ALL TRUSTEES AND EMPLOYEES ARE REQUIRED TO ACKNOWLEDGE THAT THEY HAVE READ, UNDERSTOOD, AND ARE COMMITTED TO ABIDING BY THE INSTITUTE'S CONFLICT OF INTEREST POLICY, AND TO MAKE CERTAIN DISCLOSURES ABOUT THEIR ACTIVITIES OUTSIDE OF WORK AND FINANCES TO HELP IDENTIFY POSSIBLE CONFLICTS OF INTEREST. ALL EMPLOYEE FORMS ARE SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT, WHICH REVIEWS THEM AND HAS DISCRETION, IN COORDINATION WITH THE GENERAL COUNSEL AND SENIOR MANAGEMENT, TO MAKE RECOMMENDATIONS OR RAISE CONCERNS WITH AFFECTED INDIVIDUALS AS APPROPRIATE. ALL TRUSTEE FORMS ARE SUBMITTED TO THE OFFICE OF THE CORPORATE SECRETARY, WHICH REVIEWS THEM ALONG WITH THE GENERAL COUNSEL. MAJOR CONFLICT OF INTEREST ISSUES INVOLVING TRUSTEES AND/OR SENIOR MANAGEMENT ARE REFERRED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR RESOLUTION. THE CORPORATE SECRETARY, GENERAL COUNSEL AND SENIOR MANAGEMENT REGULARLY CONFER WITH THE CHAIR OF THE AUDIT COMMITTEE REGARDING THE INSTITUTE'S CONFLICT OF INTEREST POLICY AND ANY CONFLICT OF INTEREST ISSUES.



Name of the organization THE ASPEN INSTITUTE, INC.	Employer identification number 84-0399006
---	--

FORM 990, PART VI, SECTION B, LINE 15:

THE INSTITUTE CONTRACTS WITH AN EXTERNAL COMPENSATION FIRM TO PERFORM A MARKET ANALYSIS TO SET THE SALARY RANGES FOR ALL OF OUR POSITIONS ANNUALLY. THE COMPENSATION FIRM ANALYZES SALARIES FROM LIKE ORGANIZATIONS TO DETERMINE THE APPROPRIATE SALARY RANGE FOR EACH POSITION IN THE INSTITUTE. THE INSTITUTE'S COMPENSATION PHILOSOPHY IS THAT WE GENERALLY TARGET THE 50TH PERCENTILE OF THE MARKET FOR OUR POSITIONS.

IN ADDITION TO THE ANNUAL MARKET ANALYSIS FOR ALL POSITIONS, WE CONTRACT WITH AN EXTERNAL COMPENSATION CONSULTANT BI-ANNUALLY TO CONDUCT AN IN-DEPTH ANALYSIS FOR OUR PRESIDENT/CEO AND EACH OF OUR EXECUTIVE OFFICERS. EACH EXECUTIVE'S TOTAL COMPENSATION IS BENCHMARKED AGAINST SIMILAR POSITIONS IN COMPARABLE ORGANIZATIONS IN LABOR MARKETS IN WHICH THE INSTITUTE COMPETES FOR EXECUTIVE TALENT. THE RECOMMENDATIONS OF THE CONSULTANT ARE PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR THEIR REVIEW AND ENDORSEMENT. THE PRESIDENT/CEO'S SALARY IS THEN PRESENTED TO THE FULL BOARD FOR FINAL APPROVAL.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FEDERAL FORM 1023 ARE MADE AVAILABLE UPON REQUEST. THE FEDERAL FORM 990 AND THE AUDITED FINANCIAL STATEMENTS ARE MADE PUBLIC ON THE INSTITUTE'S WEBSITE.

FORM 990, PART I, LINE 19:



Name of the organization THE ASPEN INSTITUTE, INC.	Employer identification number 84-0399006
---	--

A LARGE PORTION OF ASPEN'S REVENUE COMES IN THE FORM OF MULTI-YEAR GIFTS AND GRANTS. THIS REVENUE IS ALL RECOGNIZED IN THE YEAR AWARDED ACCORDING TO GAAP STANDARDS. HOWEVER, THE PLANNED RECEIPT AND SPENDING OF THE FUNDS IS OVER FUTURE YEARS. THIS MULTI-YEAR FUNDING STRUCTURE CAN CREATE LARGE INCREASES AND DECREASES IN THE INSTITUTE'S ANNUAL CHANGE IN NET ASSETS.

COPY

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE ASPEN INSTITUTE, INC.	Employer identification number (EIN) or 84-0399006
	Number, street, and room or suite no. If a P.O. box, see instructions. ONE DUPONT CIRCLE, NW, NO. 700	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036-1133	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ASPEN INSTITUTE/NAMITA KHASAT

• The books are in the care of **ONE DUPONT CIRCLE, NW, NO. 700 - WASHINGTON, DC 20036-1133**
Telephone No. **202-736-2520** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2016.

5 For calendar year 2015, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension _____
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature RH SA Title CPA Date 8/10/16